

APPLICATION for 2016 Emergency Solutions Grant (ESG)

Application Due Date June 1, 2015 5:00 P.M.

No applications will be accepted after the deadline.

Hardie Davis, Mayor

BOARD OF COMMISSIONERS

Bill Fennoy, District 1; Dennis Williams, District 2; Mary Davis, District 3; Sammie Sias, District 4 Bill Lockett, District 5; Ben Hasan, District 6; Sean Frantom, District 7; Wayne Guilfoyle, District 8; Marion Williams, District 9; Grady Smith, District 10

Administered By: Augusta Housing and Community Development Department
Hawthorne Welcher, Jr., Interim Director
925 Laney Walker Boulevard, 2nd Floor
Augusta, Georgia 30901

Telephone: (706) 821-1797 / Facsimile: (706) 821-1784

Instructions and Important Notice:

- 1. Please thoroughly read the Application Guidelines prior to completing the application. Click here to view the Application Guidelines in a new window.
- 2. All technical assistance regarding the application process should be directed to:

Augusta Housing & Community Development Department Please note this email changed to: hcd_feedback@augustaga.gov

or 706-821-1797 no later than Monday, May 18, 2015.

- 3. All items marked with a red asterisk* are required.
- 4. You can stop and save your progress at any point in the application. Look in the bottom right corner for a save button. You will receive an e-mail with a link to resume where you previously left off.
- 5. All homeless service providers must develop a homeless service plan.
- 6. After submitting your application, you will receive an e-mail confirmation along with a copy of the data you submitted.

By checking this box, I acknowledge that I have read and understand the instructions above.		
<u>l agree</u>		
SECTION I		
General Information		
1. Agency Name		
Tax ID #		
DUNS #		
This should be the legal name as stated on agency's seal or charter		
2. Applicant Type		
New Applicant		
Returning Applicant (Previously funded by Augusta Housing and Community Development Department (AHCDD) ESG Grant)		
3. Date of Agency Incorporation		

4. Previous Agency Name (if Changed since last fiscal year) 5. Address: Street, City, State & Zip Code Should street address remain CONFIDENTIAL and not be published? Yes No 6. Mailing Address (if different from street address) FAX: 7. Agency Phone 8. Website 9. Agency Director's Name Title 10. Director's Phone Number E-mail 11. Agency Contact Person Name Title Contact Phone Contact E-mail 12. Please check the Augusta-Bill Fennoy, District 1 Richmond County District (s) in which Dennis Williams, District 2 your services will be provided: Mary Davis, District 3 Sammie Sias, District 4 Bill Lockett, District 5 Ben Hasan, District 6 Sean Frantom, District 7 Wayne Guilfoyle, District 8 Marion Williams, District 9 Grady Smith, District 10 **Agency Information** 1. Give a brief overview of your agency. (2000 character limit) 2. What type of ESG funding are you **Emergency Shelter: Essential Services** requesting? (See Components and **Emergency Shelter: Operations** Target Populations in Application Guidelines). Street Outreach

Homeless Prevention
Rapid Re-housing

HMIS

3. What amount of funding are you requesting?		
4. Briefly describe the program that you wou (2000 character limit)	ıld support w	vith ESG funds from the categories in question #2 above?
 Is your agency also applying for CDGB furyes No 	inds? NOTE	E: CDBG funding requires completion of a separate application.
Amount		
6. Has your agency been funded by AHCDD) in the past?	?
Yes		
No		
Indicate years, type of funding, and amounts going back three years if applicable. (EXAMPLE: 2012, CDBG, \$5,000) (1,000 character limit)		
7. Annually, how many Augusta-Richmond C	County reside	ents does your agency serve in total?
Adults		Children
8. Is your organization faith-based? Yes No		Children
Is your organization faith-based? Yes		Children
8. Is your organization faith-based? Yes No		Children
8. Is your organization faith-based? Yes No Describe affiliation: Organizational Capacity	the following	Children at your agency. (Do not include these items with your application unless
8. Is your organization faith-based? Yes No Describe affiliation: Organizational Capacity Please indicate the presence or absence of the second secon	the following Yes	
8. Is your organization faith-based? Yes No Describe affiliation: Organizational Capacity Please indicate the presence or absence of trequested elsewhere.)	·	at your agency. (Do not include these items with your application unless
8. Is your organization faith-based? Yes No Describe affiliation: Organizational Capacity Please indicate the presence or absence of trequested elsewhere.) Conflict of interest policy	Yes	at your agency. (Do not include these items with your application unless
8. Is your organization faith-based? Yes No Describe affiliation: Organizational Capacity Please indicate the presence or absence of trequested elsewhere.) Conflict of interest policy Nondiscrimination policy	Yes Yes	at your agency. (Do not include these items with your application unless No No
8. Is your organization faith-based? Yes No Describe affiliation: Organizational Capacity Please indicate the presence or absence of trequested elsewhere.) Conflict of interest policy Nondiscrimination policy Employee job descriptions Policies and procedures manual (for accounting, purchasing, inventory and	Yes Yes Yes	at your agency. (Do not include these items with your application unless No No No

Inventory Records	Yes	No
Insurance certificate	Yes	No
Minutes of Board meetings	Yes	No
Policies and procedures for subcontracting/consulting	Yes	No
Client eligibility verification	Yes	No
Confidentiality policy	Yes	No
Grievance and termination procedure	Yes	No

Project/Activity Description

- 1. Proposed project/activity title for which you are requesting ESG funding:
- 2. Enter the address and telephone number of the project or activity. If there are multiple locations please list addresses and telephone numbers
- 3. Does the agency own the facility? Please attach documentation of ownership or a copy of the lease. Attach multiple copies if there are multiple locations.

Yes Facility Name and / or Address

No

Yes No Facility Name and / or Address

N/A

Attachment for Ownership Documentation

4. What is your service area? County-wide

Partial service within Augusta Richmond County, please describe below.

(1000) character limit)

5. Augusta Richmond County uses Pathways Community Network as its Homeless Management Information System (HMIS) provider. Does your agency participate in Pathways HMIS? Yes No (All funded agencies are required to participate in HMIS.)

6. Please describe your agency's ability to fully and comprehensively use HMIS for ESG clients (see Guidelines, 24 CFR part 576.400.) (2000 character limit)		
7. Please describe your agency's ability to maintain records related to ESG for a period of five years after the last expenditure of funds (see Guidelines, 24 CFR part 576.500). (2000 character limit)		
8. What is your fiscal year?		
9. Is the program open year round?	Yes No	List hours of operation
recipients.) (2000 character limit)		perations with your agency? (HUD rules require this of ESG
11. Describe your agency's participation in the agencies are expected to be active participant (2000 character limit)		nd County Continuum of Care (CoC). Please note: all funded
Consistency with The Department of outlined in the ESG Final Rule 24 CF		Irban Development Objectives and Outcomes as shed December 5, 2011).

How is your project aligned with HUD Objectives and Outcomes. Please see Application Guidelines. Note: Homeless Prevention and Rapid Re-Housing funding meets the HUD objective of "Provide Decent Housing" (Goal I). Homeless Assistance funding (Emergency Shelter and Street Outreach) meets the HUD objective of "Create a Suitable Living Environment" (Goal II). No more than 60% of the annual ESG grant may be used for street outreach and emergency shelter activities. (2000 character limit) **Project Sustainability** 1. List any linkage between this proposed project with other agencies (including other Augusta-Richmond County (ARC)Departments) in which your agency coordinates services. Briefly identify the type of collaboration. Agency and/or ARC County Departments Type of Collaboration Agency and/or ARC County Departments Type of Collaboration Agency and/or ARC County Departments Type of Collaboration

2. How will your proposed services enhance existing services being provided by other agencies in your targeted area or population? How will it differ? (2000 character limit)

Attach any additior	nal sources below.		
Year	Type of Volunteers/Contribution Source	Description	Value
Year	Type of Volunteers/Contribution Source	Description	Value
Attach any addition	nal sources.		
	Board members the y agency funds/services?	If yes, please explain in detail.	
Yes No			
	elationships by blood or veen staff and/or Board	If yes, please explain in detail	
Yes No)		
6. Describe any tra (1000 character lin		aff in the last twelve months. If none, please enter N/A.	
7. How frequently meet?	does the Board		

List volunteer time and source of in-kind contributions received in 2015 and anticipated in 2016. (This is non-cash contributions only)

Program Service/Activity, Outcomes, Outputs and Measurements

3. In-Kind Contributions/Volunteer time for proposed program:

The Department of Housing and Urban Development (HUD) has developed an outcome performance measurement system for key HUD Housing and Community Development Programs. This system describes Performance Measurements as specific goals, outcomes and outputs. From the HUD goals, and the outcomes and outputs definitions listed below, please complete the following table by selecting the one which best reflects your anticipated goal and outcomes. Please refer to HUD's website for more information on HUD's requirements for Performance Measurements at: https://www.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf

Goals

- 1. Create Suitable Living Environment: This goal relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environments. [Homeless Assistance (Operating Costs and Essential Services) only.]
- 2. Decent Housing: This goal focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort. [Homeless Prevention only.]

Outcomes

- i. Availability/Accessibility: This outcome applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to individuals, residents or beneficiaries. [Homeless Assistance (Operating Costs and Essential Services) only.]
- ii. Affordability: This outcome applies to activities that provide affordability; it can include the creation or maintenance of affordable housing, basic infrastructure, or services such as transportation or day care to persons at lower cost than market rate. [Homeless Prevention only.]

Output Indicators

Output indicators tell whether an outcome will occur.

Each output should relate to the intended outcome/goal of the program activity or major service objective.

Output (quantified) + Outcome + Activity/Major Service (description) + Goal. Combing these components summarizes the agency's activities, intended outcomes and purpose in a manner that quantifiably measures results.

- A. Major Service or Activity Provided (Performance Indicators)
- B. # of ARC Clients Served or # of Units
- C. OUTCOMES: This activity will lead to the following anticipated results
- D. OUTPUTS INDICATOR: # and % of clients/unit to achieve each outcome
- E. HOW MEASURED This is how indicators will be measured and what/who will be evaluated /surveyed

EXAMPLE:

- A. Childcare Services Provision of free childcare for homeless families
- B. 150 Children/75 households

C.

- 1. Help expedite families transition from homelessness
- 2. Provide a healthy, & stable learning environment for children
- 3. Strengthen family unit

D.

- 1.100% of families will be allowed to pursue employment opportunities
- 2. 75% of children grades will improve

E.

- 1. Monitor families progress to transition out of homelessness
- 2. Evaluate children school report cards/progress reports

OUTPUT INDICATORS

(3000 character limit)

Funding Component

Please select the component(s) that you wish to apply for.

Please refer to the Guidelines document (available at http://www.augustaga.gov/hcdapplications) for the cited regulations when answering the questions.

Part I: Street Outreach Component

Part II: Emergency Shelter Component

Part III: Homelessness Prevention Component

Part IV: Rapid Re-Housing Component

Part V: HMIS Component

You did not select Part I. Click next to continue.

Part I: Street Outreach Component

- 1. Please describe your agency's capacity and experience in providing street outreach to homeless persons. (2000 character limit)
- 2. Please describe which activities, from those eligible, your agency would engage in, using FY16 ESG funds (see Guidelines for 24 CFR part 576.101). (2000 character limit)

- 3. Please describe your case managers' capacity and experience in documenting homelessness according to HUD's new definitions as delineated in the HEARTH Act (as described in 24 CFR part 576.500; see Guidelines) (2000 character limit)
- 4. How many individuals do you propose to serve with these ESG funds?
- 5. How many households do you propose to serve with these ESG funds?

Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG.

Line Item	Amount	Match Source	Match Source Amount
Line Item	Amount	Match Source	Match Source Amount
Line Item	Amount	Match Source	Match Source Amount
Line Item	Amount	Match Source	Match Source Amount

List any additional funding sources below if necessary.

TOTAL LINE ITEM AMOUNTS

TOTAL MATCH SOURCES AMOUNTS

You did not select Part II. Click next to continue.

Part II: Emergency Shelter Component

1. Does your facility meet the definition of "emergency shelter" in 24 CFR part 91.5 and 576.2 (see Guidelines)?

2. What is your bed capacity?

3. What is the nature of your shelter or Barracks housing? Single family detached house Group/large home Single Room Occupancy (SRO Mobile home/trailer Other 4. Please identify which persons are Males only housed at your facility Females only Females and children Males and children only Males, females, and children Couples without children Unaccompanied minors 5. What requirements do you have for those who stay at the facility? (2000 character limit) 6. Do you require residents to sign a Yes lease or occupancy agreement? No 7. What is the maximum length of stay for facility residents? 8. Are fees assessed to clients of the No program/facility? Yes, describe what for and how payable: Description 9. For which of the eligible shelter operations costs in 24 CFR part 576.102 do you intend to use funds, if applicable (see Guidelines)?

(1000 character limit)

(1000 character limit)

facility?

10. For which of the eligible shelter services costs in 24 CFR part 576.102

11. Who supervises the clients at the

do you intend to use funds, if applicable (see Guidelines)? (1000 character limit)

12. Are you able to document that your facility meets the minimum safety, sanitation, and privacy standards in 24 CFR part 576.403 (a and b) (see Guidelines)?

Yes No

13. Please describe how your agency will certify that all housing meets HUD's standards as referred to in question #12 above. Please include information about who will conduct inspections and the qualifications of that person, particularly in regard to lead-based paint for structures built before 1978 where children under 6 may be present (n/a if no children present).

(2000 character limit)

14. Is every facility operated by your agency in compliance with local zoning ordinances? New applicants must provide written confirmation from the appropriate governmental entity.

Yes

No

Please explain

New applicants attach written confirmation of zoning compliance

- 15. Who is responsible for the maintenance, repair, and management of the facility?
- 16. How many individuals do you propose to serve with these ESG funds?
- 17. How many households do you propose to serve with these ESG funds?

Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG.

Be sure to indicate whether your line item cost is for operations or services, and specify an eligible item.

Line Item	Amount	Match Source	Match Source Amount
Line Item	Amount	Match Source	Match Source Amount

Line Item Amount Match Source Source Amount

Match Source Line Item Amount Match Source Amount

Match Source Amount

List any additional funding sources below if necessary.

Line Item Total

Match Source Amount Total

Match

You did not select Part III. Click next to continue.

Part III: Homelessness Prevention Component

- 1. Please specify the areas for which you would use homelessness prevention funds, from eligible activities in 24 CFR part 576.105 and 106 (see Guidelines). (2000 character limit)
- 2. Please describe in detail your agency's ability and capacity to carry out required and eligible activities when assisting clients for homelessness prevention (see Guidelines for 24 CFR 576.105, for required activities). (2000 character limit)
- 3. Please evaluate your case managers' capacity and experience in assessing Fair Market Rent as defined by HUD, performing rent reasonableness compliance, and including monthly utility allowances when calculating rent (see Guidelines for rent in 24 CFR part 576.106 (d)). (2000 character limit)
- 4. Please describe how your agency will enter into rental assistance agreements with property owners when providing rental assistance, as described in 24 CFR part 576.106(e) (see Guidelines). Please note that a rental assistance agreement is different from the lease between property owner and tenant, which is also required. (2000 character limit)

- 5. Please provide information regarding your case managers' training, number of years of experience, and specific experience in case management for homelessness prevention and/or rapid re-housing (include previous experience with ESG and/or HPRP). (2000 character limit)
- 6. Please describe your case managers' capacity and experience in documenting homelessness according to HUD's new definitions as delineated in the HEARTH Act (this will be required for rapid re-housing assistance as described in 24 CFR part 576.500). (2000 character limit)
- 7. Please describe your case managers' capacity and experience in terms of evaluation of program participant eligibility and needs as described by HUD in 24 CFR 576.401 (see Guidelines). Note that you may disregard (b)(1) because our program will allow only 3 months of assistance. (2000 character limit)
- 8. Please describe your case managers' capacity and experience in terms of terminating assistance as described by HUD (24 CFR 576.402). (2000 character limit)
- 9. Please describe how your agency will certify that all housing for which rental assistance is provided for homeless prevention will meet HUD's standards (24 CFR 576.403(a and c)). Please include information about who will conduct inspections and the qualifications of that person particularly in regard to lead-based paint for structures built before 1978 where children under 6 may be present (n/a if no children present). (2000 character limit)
- 10. How many individuals do you propose to serve with these ESG funds?
- 11. How many households do you propose to serve with these ESG funds?

Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG.

*please be sure to break out using categories in 24 CFR part 576.105 and 106 (see Guidelines)

Line Item	Amount	Match Source	Match Source Amount
Line Item	Amount	Match Source	Match Source Amount
Line Item	Amount	Match Source	Match Source Amount

List any additional funding sources below if necessary.

Total Line Item Amount

Total Match Source Amount

You did not select Part IV. Click next to continue.

Part IV: Rapid Re-Housing Component

- 1. Please specify the areas for which you would use ESG rapid re-housing funds, from eligible activities in 24 CFR part 576.105 and 106 (see Guidelines). (2000 character limit)
- 2. Please describe in detail your agency's ability and capacity to carry out required and eligible activities when assisting clients for rapid rehousing (see Guidelines for 24 CFR 576.105, for required activities). (2000 character limit)
- 3. Please evaluate your case managers' capacity and experience in assessing Fair Market Rent as defined by HUD, performing rent reasonableness compliance, and including monthly utility allowances when calculating rent (see Guidelines for rent in 24 CFR part 576.106 (d)). (2000 character limit)
- 4. Please describe how your agency will enter into rental assistance agreements with property owners when providing rental assistance, as described below (24 CFR part 576.106(e)). Please note that a rental assistance agreement is different from the lease between property owner and tenant, which is also required. (2000 character limit)

- 5. Please provide information regarding your case managers' training, number of years of experience, and specific experience in case management for homeless prevention and/or rapid re-housing (include previous experience with ESG and/or HPRP). (2000 character limit)
- 6. Please describe your case managers' capacity and experience in documenting homelessness according to HUD's new definitions as delineated in the HEARTH Act (this will be required for rapid re-housing assistance as described in 24 CFR part 576.500; see Guidelines). (2000 character limit)
- 7. Please describe your case managers' capacity and experience in terms of evaluation of program participant eligibility and needs as described by HUD below (24 CFR 576.401). Note that you may disregard (b)(1) because our program will allow only 3 months of assistance. (2000 character limit)
- 8. Please describe your case managers' capacity and experience in terms of terminating assistance as described by HUD (24 CFR 576.402). (2000 character limit)
- 9. Please describe how your agency will certify that all housing for which rental assistance is provided for rapid re-housing will meet HUD's standards (24 CFR 576.403(a and c)). Please include information about who will conduct inspections and the qualifications of that person particularly in regard to lead-based paint for structures built before 1978 where children under 6 may be present (n/a if no children present). (2000 character limit)
- 10. How many individuals do you propose to serve with these ESG funds?
- 11. How many households do you propose to serve with these ESG funds?

Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG. *please be sure to break out using categories in 24 CFR part 576.105 and 106 (see Guidelines)

Line Item	Line Item Amount	Match Source	Match Source Amount
Line Item	Line item Amount	Match Source	Match Source Amount
Line Item	Line item Amount	Match Source	Match Source Amount

List any additional funding sources below if necessary.

Total Line Item Amount

Total Match Source Amount

You did not select Part V. Click next to continue.

Part V: HMIS Component

1. Please describe which activities your agency would perform with FY16 ESG funds (see Guidelines for 24 CFR 576.107). (2000 character limit)

Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG.

Line Item	Amount	Match Source	Amount
Line Item	Amount	Match Source	Amount
Line Item	Amount	Match Source	Amount

List any additional funding sources below if necessary.

SECTION II

APPLICATION SUBMITTAL CHECKLIST: REQUIRED EXHIBTS

All agencies: Please find below a list of the required attachments that must be submitted with your 2016 Application. To provide these items you must contact AHCDD at **706-821-1797** to establish a **Box.com** account that will be used to transmit your attachments. PLEASE DO NOT include tabs or cover pages for individual Exhibits.

Exhibit A

Current registration of charitable organization status from Georgia Secretary of State's office

Exhibit B

Most recent audit with management letter (most applicants need not include this; see Application Guidelines to determine if applicable)

Exhibit C

Most recent two years' of financial statements (income & expense statement, balance sheet and cash flow statement) *required for all agencies, even those not submitting an audit*

Exhibit D

Most recent IRS Form 990

Exhibit E

List of Board of Directors (name, address, terms, officers)

Exhibit F

Minutes from last three (3) Board meetings to include the last resolution meeting..

Exhibit G

Job descriptions and resumes for staff positions involved with the proposed activity.

Exhibit H

Current organizational chart

Exhibit I

Current Non-profit designation from the IRS (501c3)

Exhibit J

Bylaws

Exhibit K

Articles of Incorporation

Exhibit L

Conflict of Interest policy

Exhibit M

Non-discrimination policy

Financial policies and procedures		
Exhibit O		
Operating policies and procedures		
Exhibit P		
Statistical Report for last 12-month per	riod.	
Exhibit Q		
Documentation of Committed Funds (e	e.g. award letter, letter from lender, etc.)	
SECTION III		
CERTIFICATION		
ESG Application The undersigned has prepared and submit information contained is true and correct.	tted all the documents attached hereto. I certify to the	pest of my knowledge that all
Executive Director Name		
By checking this box I acknowledge that all information included in this application is complete and correct to the best of my knowledge. This application is considered signed once it is submitted.		
Date		
President or Secretary of the Board of Directors' Name		
By checking this box I acknowledge that all information included in this application is complete and correct to the best of my knowledge. This application is considered signed once it is submitted.		
Date		
	HIS APPLICATION BEFORE SUBMIT BUTTON. SUBMISSIONS ARE FINA	

Note: If your agency is selected for funding, additional documentation may be requested. It is the responsibility of the agency to ensure that all federal, state and local requirements are met.

For Office Use Only

Exhibit N

Application Number	
Date Received	
Administrative Staff Processed	
Copies	
Minimum Threshold	
Exhibits	
Notes	
Staff Assigned	